

## CUES: An Evidence-based Intervention

**C**onfidentiality  
**U**niversal  
**E**ducation  
**E**mpowerment  
**S**upport

cea|pv

# FINAL REPORT

February 2025

ADAPTATION, PILOTING, AND  
EVALUATION OF THE C.U.E.S  
INTERVENTION IN PARAGUAY

**Supporting Victims of Intimate Partner  
Violence and Promoting Prevention in  
Primary Care Settings**

**Fòs Feminista - Futures Without  
Violence - CEPEP/ Paraguay**

withing the framework of the Feminist  
Futures Free from Violence project founded  
by Global Affairs Canada



## ... - Final Report - ...

### Background on Project

From December 2023 to February 2025, Futures Without Violence (FUTURES) as a consultant for Fós Feminista, collaborated with CEPEP Centro Paraguayo de Estudios de Población to design and implement an adaptation of the CUES Universal Education model for addressing intimate partner violence in the CEPEP Ciudad del Este clinic. The project marked the first time FUTURES piloted the CUES Universal Education model in Latin America. Included in this report is a summary of the project and deliverables completed, as well as recommendations for scaling the intervention in other primary care clinics responding to intimate partner violence in Latin America.

CUES is an evidence-based intervention that stands for Confidentiality, Universal Education, Empowerment, and Support (in Spanish, CUES stands for Confidencialidad, Usar la Educación Universal, y Servicios y Apoyo). With the CUES intervention, healthcare professionals talk with all patients about how relationships can affect health and how to get support. Providers share a tool called a safety card with patients that includes information about intimate partner violence, the connection between intimate partner violence and health, and where to go for support. CUES does not rely on disclosure of abuse to provide a patient with information and resources they might need. While CUES is not a traditional screening method, it can be used with other screening methods in clinics that choose to also screen patients. By using CUES, providers can ensure that patients are aware of available survivor support services, regardless of whether they disclose experiences of abuse, and have information to pass to friends and family who might need it. Using the universal education approaches ensures that a conversation about intimate partner violence occurs regardless of if there is a screening protocol in place.

In this project, FUTURES collaborated with a team at CEPEP Paraguay Ciudad del Este Primary Care clinic to adapt a safety card tool for their specific location. Following a training for clinic staff on CUES and how to use the new resources, CEPEP Paraguay began implementation of CUES in their clinic. While implementation is early and ongoing, feedback from CEPEP project staff indicate the feasibility of implementing CUES in the clinic and potential to implement the intervention in other settings.

The materials featured in this report were produced by Futures Without Violence in collaboration with CEPEP/Paraguay under the project, Futures Free from From Violence, coordinated by Fós Feminista and financed by Global Affairs Canada. The contents of this report do not necessarily reflect the opinions of the Government of Canada or Fós Feminista.

## Deliverables Completed

In collaboration with CEPEP/Paraguay, FUTURES completed the following deliverables.

Deliverable/Activity	Dates Completed
Focus Groups with CEPEP Staff on Project Implementation and Materials Development	October 2023 - June 2024
“Puente de la Amistad” Safety Card Design, Printing, and Delivery	February 2024 - June 2024
Onsite Training with CEPEP Ciudad del Este	July 11, 2024
Post-Training CEPEP Paraguay Check-ins	August 2024 and February 2025
Toolkit with Recommendations on Continued Implementation and Scaling	February 2025
Final Report	February 2025

### Focus Groups with CEPEP Staff on Project Implementation and Materials Development.

Following several introductory calls with the CEPEP/Paraguay Program Coordinator to develop a workplan for the project and discuss next steps, FUTURES held several focus groups with CEPEP Ciudad del Este clinic staff to develop a new adapted safety card tool. FUTURES created a new Spanish-language animated short video on CUES and shared it with the focus group to introduce CUES. The video offers illustrations on how CUES can be implemented by health providers. It also shares information about where to find more information about the intervention and FUTURES work.

FUTURES shared the video with the focus group and over the course of several meetings, facilitated a discussion on the existing clinic workflow and strategies to address intimate partner violence. The focus group shared information on resources and protocols used by the clinics and shared reflections on how CUES might be integrated into their patient workflow. To help tailor the adapted safety card tool, FUTURES staff asked the group about messages and images that would resonate with their patient community.

**“Puente de La Amistad” Safety Card Design, Printing, and Delivery.** FUTURES collaborated with CEPEP’s Program Coordinator and CEPEP’s in-house designer to identify a selection of images and designs that reflected and resonated with their community. FUTURES shared these design inspirations with a designer to develop and finalize the tool. The safety card, “Puente de la Amistad”, includes an image of the iconic bridge that connects Ciudad del Este, Paraguay to Foz do Iguaçu, Brazil. The size of a business card, the card folds like an accordion and includes 10 different panels. Each panel shares information on healthy relationships, intimate partner violence, and the impact of both on health. Several panels describe the role of healthcare providers in supporting patient wellbeing, and places to go for support, such as advocates and trusted friends or family. An image of a provider with an orange lanyard, a tool specific to the Ciudad del Este clinic, is included to reinforce the card’s message. The language of the card is straightforward and simple to understand, a strategy used to make the card accessible.

## Additional Highlights and Completed Deliverables from Progress Report through Project Completion

**Onsite Training with CEPEP Ciudad del Este.** On July 11, 2025, FUTURES staff flew to Ciudad del Este to conduct an all-day training with CEPEP Ciudad del Este staff. The training covered trauma-informed care principles; intimate partner violence and its impacts on health; CUES Universal Education Model; and recommendations for implementing the model with sustainability in mind. Attendees practiced using the safety card to share information with patients on intimate partner violence and health. The team reflected on their current practices and how CUES might support their existing prevention and response efforts. FUTURES delivered a pre and post evaluation to measure the training's effectiveness. Those results are described below.

**Post-Training CEPEP Paraguay Check-ins.** Following the training, FUTURES met with CEPEP's Program Director to check-in and provide any additional support needed to continue implementing CUES. As of the end of the project period, Ciudad del Este clinic staff continued to share safety cards with patients. Feedback from CEPEP staff indicate that with additional resources, the safety card and CUES intervention could be adapted for additional CEPEP clinic locations.

**Toolkit with Recommendations on Continued Implementation and Scaling.** FUTURES staff developed a toolkit for CEPEP/Ciudad del Este staff to support continued implementation of CUES. The toolkit includes links to the CUES animated video and images of the "Puente de la Amistad" safety card. Recommendations both for the local clinic and for other CEPEP clinics interested in adopting CUES are also included in the toolkit.

## Evaluation Results

The evaluation measured both growth in knowledge of the impact of domestic and sexual violence on health and whether attendees were more likely to implement CUES and universal education as a result of the training. The results demonstrate that the majority of participants reported increased knowledge about the health impacts of domestic and sexual knowledge after the training and were more likely to implement CUES Universal Education model.

Following the training today, I am more likely to:

Universal Education		
Provide universal education on healthy relationships to all clients	Strongly Agree	81.25%
	Agree	12.50%
	Strongly Disagree	6.25%
Domestic Violence		
	Strongly Agree	68.75%
	Agree	18.75%

Conduct direct inquiry for domestic and sexual violence (DSV) with any client	Strongly Disagree	6.25%
	N/A	6.25%
<b>Assess Safety</b>		
I am more likely to assess clients' safety and discuss ways to stay safe in an unhealthy or abusive relationship	Strongly Agree	75%
	Agree	12.50%
	Strongly Disagree	6.25%
	N/A	6.25%

The evaluation results also measured growth in knowledge as a result of the training.

Training increased my understanding of:

<b>Intimate Partner Violence Impacts</b>		
The impact of domestic and sexual violence (DSV) and reproductive and sexual coercion (RSV) on health	Strongly Agree	86.60%
	Agree	6.60%
	Strongly Disagree	6.60%
<b>Provide Universal Education</b>		
How to provide universal education and assess for domestic and sexual violence	Strongly Agree	87.50%
	Agree	6.25%
	Strongly Disagree	6.25%

## Systemization of lessons learned

There are also administrative level changes that health clinics can implement, if they are not already, that can be made to promote sustainable and efficient practice change.

- **Set up a Collaborative Work Group on IPV (intimate partner violence) prevention and Response**

Include key people within the clinical setting and individuals who provide services to individuals who have experienced IPV. Involve multidisciplinary staff: physicians, nurses, behavioral & mental health staff, receptionists, and others.

- **Develop Collaborative Relationships with Domestic/Sexual Violence Experts**

Develop a close, working relationship with IPV advocates and experts.

- **Develop a Protocol**

Develop and institutionalize a protocol on IPV prevention and response for clinics.

- **Develop Universal education, Assessment, and Response Practices**

Incorporate a safety-card or brochure-based assessment and response; conduct universal education on healthy relationships and IPV and the health impact of abuse. Determine which staff will assess patients, how often, available local referrals or clinic-based victim services, and other community-level resources. Set up a process to regularly train staff on the dynamics of IPV, the health impact of abuse on victims and their children, how to assess and conduct universal education, harm reduction interventions, documentation in the clinic setting, and referral to victim services. Ensure that this content is also added to new employee orientation.

- **Establish Quality Assurance Mechanisms to Monitor Response**

Evaluate the IPV assessment rates, percentage of patients who were offered safety cards and/or referral and system changes that support providers. Some clinics elect to conduct chart reviews to analyze prevalence of abuse, how often assessment is taking place, and whether intervention, referral and follow-up were conducted.

## **Conclusions**

The Supporting Victims of Intimate Partner Violence and Promoting Prevention in Primary Care Settings project located at the CEPEP clinic in Ciudad del Este, Paraguay supported the adaptation of the CUES Universal Education model for addressing intimate partner violence. CEPEP Paraguay staff and health care providers were able to co-create with FUTURES a new adapted safety card for their site to best meet the needs of their community. Overall results from the project evaluation provide early evidence that the model is feasible and for the continued implementation of the CUES Universal Education model in CEPEP Paraguay and possible successful implementation in other sites in Latin America.

## **Recommendations to scale CUES intervention in Latin America**

Due to the success of the CUES implementation, we recommend replicating the training and intervention approach in other health centers in Paraguay and throughout Latin America. This would include:

- Providing ongoing training on IPV, connection to health and the strategies to support patients using the CUES approach.
- Developing or updating IPV specific practice and privacy protocols for trauma-informed responses and support.
- Adapting universal education scripts that work for the providers at the clinic and the patients they serve.
- Offering health promotion and harm reduction strategies for those who are experiencing intimate partner violence.

- Developing partnerships with community-based victim service providers that are knowledgeable about the needs of people experiencing intimate partner violence if they are available.

## Broader systems and policy recommendations

At a systems level, we recommend integrating the CUES intervention as part of other policy and practice recommendations such as those put out by the World Health Organization on Responding to Intimate Partner Violence and Sexual Violence Against Women: Clinical and Policy Guidelines.

Specifically:

1. WHO guidelines should consider replacing the recommendation that:

“Universal screening” or “routine enquiry” (i.e. asking women in all health-care encounters) should not be implemented.

With a recommendation for universal education - (not direct inquiry), either as a stand-alone practice or in combination with a screening protocol where one exists.

2. Any policy that recommends a list of supportive services that a health care provider can offer someone who does disclose intimate partner violence or sexual violence should include adapting or care planning that specifically takes partner coercion into consideration.

For example, this could include strategizing about how to return to the health care provider for follow up visits if the patient has a partner who prevents them from seeking care, offering of birth control that is less likely to be interfered to a patient who is experiencing reproductive coercion, strategizing about how to maintain medication adherence or stay sober if a patient has a partner who is directly interfering with care or offering access to food where an abusive partner is controlling access to food

Integrating these approaches, as well as the practical tools, videos and scripts that accompany them can make these practice guidelines more effective and achievable.